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MAR 19 1962

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THE CLEVELAND MUSEUM OF ART
FORTY-FOURTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
MAY 16 to JUNE 24, 1962

PLEASE
PRINT
PLAINLY

Collaborator if any _____ Artist ROBERT J. MULLEN

Address 7510 SKYVIEW DR. KEVt Portage Shipping Address _____ Tel. OR 3-1371
NO. STREET CITY COUNTY (IF SHIPMENT IS REQUIRED)

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank.

| NUMBER FOR SALE | NUMBER IN EDITION (Graphic Prts.) | PRICE | TITLE | MEDIUM | CLASS | DO NOT WRITE IN THESE COLUMNS |
|--------------------|---|-------------------|--|--------|----------------|----------------------------------|
| 1 | | 450 ⁰⁰ | "DAPHNE" | BRONZE | 6 Sculpture | |
| 1 | | 400 ⁰⁰ | "EMERGING FIGURE" | " | " 6 | 2306 ✓A |
| 1 | | 750 ⁰⁰ | "MEMORIAL FOR THE JEWISH MOTHERS & CHILDREN KILLED during the SECOND WORLD WAR" | " | " 6 | 2307 ✓A |
| | | 200 ⁰⁰ | Angel of Death | | 6 | 2308 ✓A |
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SUBMIT ENTRY BLANK NO LATER THAN MARCH 19, 1962.

Use second blank if required

Permission to print prices on labels granted unless declined here.

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed.
Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the
Museum will have the right to dispose for its own account any entry not called for by
July 25, 1962.

The submission of entries will be construed as acceptance of all conditions printed
in this entry blank.

Robert J. Mullen
SIGNATURE